

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

20712

1. PLACE OF DEATH
 96 County Clayton Registration District No. 490
 2 Township Central Primary Registration District No. 6033
 7 City Clayton (No. 1165 Stanley Clayton, Mo.) St. _____ Ward _____

2. FULL NAME William H. Ellis
 (a) Residence, No. 1165 Stanley Clayton, Mo. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband of Nannie Ellis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>about 63</u>				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as milk mill, saw mill, bank, etc. Out man at C. Howard Bldg. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 31

FATHER 13. NAME Wm. Ellis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia 2

MOTHER 15. MAIDEN NAME Mary Corosby

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis County, Mo.

17. INFORMANT (ADDRESS) Pattonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Musio Cemetery DATE June 30, 1932

19. UNDERTAKER (ADDRESS) Marshall O'Acord, Mo.

20. FILED June 29, 1932 R. W. Oullman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1932

22. I HEREBY CERTIFY that I attended deceased from 4/15/32, 1932 to 6-25, 1932

I last saw him alive on 6-24, 1932 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis Date of onset 3 yrs
131
490
100
131
 Other contributory causes of importance:
Essence Nephritis
Hypertension 3 yrs

Name of operation _____ Date of _____
 What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? 1 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) H. Meadows, M. D.
 (Address) Clayton, Mo.

